CLARK COUNTY HEALTH CARE CENTER - FDD

W4266 STATE HIGHWAY 29

OWEN 54460 Ownershi p: Phone: (715) 229-2172 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 36 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 36 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 29 Average Daily Census: 31 *********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	13. 8
Supp. Home Care-Personal Care	No		100.0	I I 1 07		1 - 4 Years	13. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	69. 0	More Than 4 Years	72. 4
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	10. 3		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	13. 8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	6. 9	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	ĺ	j	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	31. 0		
Transportation	No	Cerebrovascul ar	0. 0			RNs	10. 3
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	3. 4
Other Services	No	Respi ratory	0.0		·	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0. 0	Male	48.3	Aides, & Orderlies	70. 6
Mentally Ill	No			Female	51.7		
Provide Day Programming for			100.0		j		
Devel opmentally Disabled	Yes		*****	, 	100.0		***

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				29	100.0	148	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	29	100.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		29	100. 0		0	0.0		0	0. 0		0	0.0		0	0.0		29	100.0

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Admissions, Discharges, and		Percent Distribution	$of \>\> Resi dents'$	Condi ti o	ıs, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period					 leedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	25. 0	Bathi ng	3. 4		41. 4	55. 2	29
Other Nursing Homes	0.0	Dressi ng	3. 4		44. 8	51. 7	29
Acute Care Hospitals	0.0	Transferring	24. 1		17. 2	58. 6	29
Psych. HospMR/DD Facilities	12. 5	Toilet Use	10. 3		31. 0	58. 6	29
Rehabilitation Hospitals	0.0	Eating	44. 8		17. 2	37. 9	29
Other Locations	62 . 5	***************	******	*****	******	*********	*****
Total Number of Admissions	8	Continence			pecial Treat		%
Percent Discharges To:		Indwelling Or Externa		0. 0		espiratory Care	0. 0
Private Home/No Home Health	0.0	0cc/Freq. Incontinent		82. 8		racheostomy Care	0. 0
Private Home/With Home Health	25. 0	0cc/Freq. Incontinent	of Bowel	82. 8	Receiving S		0. 0
Other Nursing Homes	0. 0				Receiving 0		0. 0
Acute Care Hospitals	0. 0	Mobility	_		Receiving T	ube Feeding	3. 4
Psych. Hosp MR/DD Facilities	25. 0	Physically Restrained	l	3. 4	Receiving M	echanically Altered Diets	55. 2
Rehabilitation Hospitals	0. 0	J					
Other Locations	50. 0	Ski n Care				t Characteristics	
Deaths	0.0	With Pressure Sores		0. 0		e Directives	31. 0
Total Number of Discharges		With Rashes		0. 0 I	Medications		
(Including Deaths)	8				Receiving P	sychoactive Drugs	41. 4

	This Facility		DD ilities	Faci		
	%	% %	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	86. 1	84. 6	1. 02	84. 6	1. 02	
Current Residents from In-County	41. 4	41. 3	1.00	77. 0	0. 54	
Admissions from In-County, Still Residing	37. 5	17. 0	2. 20	20. 8	1.80	
Admissions/Average Daily Census	25. 8	18. 6	1. 39	128. 9	0. 20	
Di scharges/Average Daily Census	25. 8	22. 2	1. 16	130. 0	0. 20	
Discharges To Private Residence/Average Daily Census	6. 5	9. 4	0. 69	52. 8	0. 12	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	31. 0	15. 8	1. 96	87. 5	0. 35	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	69. 0	50.6	1. 36	49. 3	1.40	
Psychological Problems	41. 4	46. 6	0.89	51. 9	0.80	
Nursing Care Required (Mean)*	7. 3	11.0	0. 67	7. 3	1.00	